REPORT OF TRAINING

State Form 44848 (R3 / 9-07)

INDIANA DEPARTMENT OF HOMELAND SECURITY

Course number

COURSES	
☐ Primary instructor	☐ Paramedic
☐ First Responder	☐ EVOC
☐ Basic	☐ Extrication
☐ Basic Advanced	☐ Instructor
☐ Intermediate	☐ Update

INSTRUCTIONS: Submit this report to verify successful completion of training. Failure to complete any item will result in this form being rejected. Upon acceptance, this form will become a public record.

Name of institution			County	
Address *(number and street or Rural Route)*	City	State		ZIP code

Location of course

Address *(number and street or Rural Route)*	City	State	ZIP code

Starting date *(month, day, year)*	Completion date *(month, day, year)*	Number of students starting	Number of students completing

Number of classes held	Number of classroom hours	Number of clinical hours +	Number of ambulance hours +	Total course hours =

PRIMARY INSTRUCTOR / FIRST RESPONDER / BASIC COURSES

Name of training institution official *(please print)*

Signature of training institution official	Date signed *(month, day, year)*

Name of primary instructor *(please print)*

Signature of primary instructor	Date signed *(month, day, year)*

Signature of Medical Director	Date signed *(month, day, year)*

BASIC ADVANCED / INTERMEDIATE / PARAMEDIC COURSES

Name of training institution official *(please print)*

Signature of training institution official	Date signed *(month, day, year)*

Name of primary instructor *(please print)*

Signature of primary instructor	Date signed *(month, day, year)*

Name of Medical Director *(please print)*

Signature of Medical Director	Date signed *(month, day, year)*

Name of course coordinator *(please print)*

Signature of course coordinator	Date signed *(month, day, year)*

EMERGENCY VEHICLE OPERATIONS / EXTRICATION / INSTRUCTOR COURSES

Location of driving range

Signature of approved instructor	Date signed *(month, day, year)*

Signature of approved Training Institution Official	Date signed *(month, day, year)*

(*Continued on reverse side*)

LIST ALL STUDENTS ENROLLED AT THE START OF THE COURSE.					

Student 1

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 2

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 3

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 4

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 5

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 6

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 7

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 8

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 9

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		

Student 10

Name of student	County	Age	Certification number		
Address *(number and street or Rural Route)*		Score	Didactic hours	Clinical hours	Ambulance hours
City, state, and ZIP code	EMS affiliation		Driver license or state identification number		